U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Offic	cial I	Use	Only
E	AUG	1	b	2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - /////	3. Figure Voca Covered Frame		
11 10 10 10 10 10 10 10 10 10 10 10 10 1	2. Fiscal Year Covered From:		
	1 1 2004 Through: 12 31 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Lawrence F Neidig, Jr.	Name International Brotherhood of Electrical Worker		
	Labor Organization File Number 000-116		
P.O. Day Dide Deserble 16	Mark mithographic control of the con		
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 900 Seventh Street N W	Street 900 Seventh Street NW		
City Washington	City Washington		
State District of Columbia ZIP Code + 4 20001-3886	State District of Columbia ZIP Code + 4 20001-3886		
5. Position in labor organization.			
Sr. Ex. Asst. to the Int Of	ficers		
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize	or derived income or other economic benefit of ation represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
The state of the s			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b, Amount.		
	7.b. Amount.		
P.O. Box, Bldg., Room No., if any	7.b, Amount.		
P.O. Box, Bldg., Room No., if any Street	7.b. Amount.		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty	gnature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and in to the best of the		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true, correct, and complete. (See the	gnature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa	gnature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is to the best of the		

Name of Person Filing Lawrence Neidig, Jr.	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firedly to or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name John Russell		
Trade Name, if any: Kelly Press	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
Street 1701 Cabin Branch Dr.	C. Employof	
City Cheverly		
State Maryland ZIP Code + 4 20785-3820		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	1/22/04 Lunch	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing. \$32	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	Professional Contract of the C	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above)	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value.	
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